



Waukee Community Closet Eligibility Form

NAME:* _____ PHONE #: _____

STREET ADDRESS:* _____

CITY:* _____ EMAIL: _____

*REQUIRED INFORMATION

INCOME GUIDELINES

Family Size	Yearly	Monthly	Weekly	# of Items
1	\$22,275	\$1,856	\$428	10
2	\$30,038	\$2,503	\$578	20
3	\$37,800	\$3,150	\$727	30
4	\$45,563	\$3,797	\$876	40
5	\$53,325	\$4,444	\$1,025	50
6	\$61,088	\$5,091	\$1,175	60
7	\$68,869	\$5,739	\$1,324	70
8	\$76,669	\$6,389	\$1,474	80
Each Add'l	\$7,800	\$650	\$150	Max # items 80

By signing this form, the client certifies they....

- Live in Dallas County.
- Fall under the income guidelines listed above for their family size.
- Have not shopped at the Closet in the past 90 days.
- Are only taking items of clothing for people living IN their household.
- Will only take clothing needed and will NOT SELL the items received at the Closet.
- Grant irrevocable and unrestricted right to Waukee Community Closet to use photographs and/or video images taken of me or members of my family while shopping, for the purpose of publication, promotion, illustration and advertising.

Please withhold photo/video permission.

I certify all the above is true.

Signature

Date

If you are in need of specific items between your shopping dates, please email us at info@waukeecloset.com.

Bin # _____

of Bags _____

Coats _____	Underwear _____
Socks _____	Shoes _____
(1 PER FAMILY MEMBER)	